

Cumberland County Council.

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EDUCATION COMMITTEE.

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REPORT

OF THE

SCHOOL MEDICAL OFFICER,

F. H. MORISON, M.D., D.P.H., &c.,

ON THE

Medical Inspection of School  
Children.

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For the Year ended December 31st, 1921.

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## *CUMBERLAND COUNTY COUNCIL.*

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*To the Chairman and Members of the Education Committee.*

**MR. CHAIRMAN, LADIES AND GENTLEMEN,**

I have much pleasure in presenting my Fourteenth Annual Report on the Medical Inspection of School Children, that for the year ended 31st December, 1921.

### *I.—STAFF.*

The staff engaged in work in connection with the School Medical Service consists of:—

**THE SCHOOL MEDICAL OFFICER**, who is also the Medical Officer of Health.

**THE DEPUTY SCHOOL MEDICAL OFFICER**, who is also the Deputy Medical Officer of Health.

As described in previous reports, for the purposes of School Medical Services the County is divided into five Areas, with an Assistant Medical Officer in charge of each:—

No. 1 Area.....Dr. TOWERS.

No. 2 Area.....Dr. GIBSON

No. 3 Area.....Dr. STIRLING.

No. 4 Area.....Dr. ADAM.

No. 5 Area.....Dr. MASON.

(part-time)

The Staff, however, was not complete during the whole year. Dr. Towers started on 15/4/21 and Dr. Stirling on 2/5/21. Ten whole-time Nurses are employed, their time being divided between School work, Health Visiting, and Tuberculosis work. The services of 60 District Nurses are utilised by arrangement with the Nursing Association.

### *II.—CO-ORDINATION.*

See Page 5 of my Annual Report for 1919.

### *III.—THE SCHOOL MEDICAL SERVICE IN RELATION TO PUBLIC ELEMENTARY SCHOOLS.*

It is difficult, if not impossible, to make a general statement as regards the sanitary condition of the Schools in such an Area as that covered by the Cumberland Education Committee. An

inspection of the sanitary condition of the Schools is, however, made at the time of the Medical Inspection, but only the more gross defects are reported to the Buildings Committee from time to time. Much as we would like to see Schools made models of modern sanitation and object lessons to the children as to how their homes should be managed from a sanitary point of view, money is not available at the present time.

Most of the Medical Officers, in reporting on the sanitary condition of the Schools visited, draw attention to defects of ventilation, heating, sanitary accommodation, washing accommodation, and so on, but I can see no good purpose to be served by drawing attention to these in detail, as it is quite impossible at the present time to have such conditions remedied owing to the necessity for rigid economy.

#### IV.—MEDICAL INSPECTION.

The arrangements made for the Medical Inspection have not in any way been altered from former years.

See Appendix A in my Annual Report for 1913.

##### (a)—*Age Groups of Children Inspected.*

The age groups of children inspected are the same as in previous years, viz.:—(a) Code Groups (Entrants, Intermediates, and Leavers), and (b) Specials and Re-examinations.

A definition of these groups is given in my Report for 1920.

Full particulars of the examinations carried out will be found in Table (1) at the end of this Report. The following is a condensed summary:—

	Boys.	Girls.	Totals.
Entrants .....	1973	1783	3756
Intermediates .....	1145	1042	2187
Leavers .....	1455	1437	2892
	—	—	—
Code Groups .....	4573	4262	8835
Specials .....	2726	2861	5587
Re-examinations .....	708	711	1419
	—	—	—
	8007	7834	15841
	—	—	—

From this it will be seen that 15,841 examinations were made and that 14,422 individual children were examined. This is an increase of 1,066 examinations and of 970 children examined over last year.

(b)—The Board's Schedule has been strictly adhered to, with the exception that the children have not had either their weights or heights taken. The reason for this I stated in my last Annual Report.

(c)—*Steps taken to secure early ascertainment of Crippling Defects.*

Teachers, Organisers of Physical Training, Attendance Officers, and the parents of children, are all asked to draw the attention of the Medical Officer to any child whom they have any reason to think is not normal, so that an examination may be made.

The "march past," which, as its name implies, is a march of all the children in attendance past the Medical Officer after the inspection in order that he may pick out any child who does not look well. This is a most valuable procedure, and one which enables the Medical Officer to find many Specials.

Now that the value of the Clinics is becoming known, many children are taken there by their parents for examination.

(d)—Practically no disturbance of School arrangements takes place owing to the inspection.

**V.—FINDINGS OF MEDICAL INSPECTION.**

A view of the facts disclosed by Medical Inspection is set out in Tables II and V at the end of this Report. In Table II is shown the number of defects found, and in Table V is shown the number of children found to be defective, so that the numbers in the two tables do not necessarily correspond.

The total number of children examined, whether as routines (*i.e.*, code groups) or specials, was 14,422 (975 more than last year). Of this number 6,663, or 46 per cent. (3 per cent. less than last year), were found to have some defect which required treatment or to be kept under observation.

(a)—*Uncleanliness.*

Of the routine children examined only 3 per cent. showed uncleanliness of the head or body, compared with 5 per cent. last year. Of the Specials examined, 8 per cent. showed uncleanliness of the head or body, showing that a "clean up" is undertaken for the occasion of the inspection, but even so, this is a marked improvement on the old order of things as they were when Medical Inspection first began. It also shows the necessity of the surprise visits which are paid from time to time by the Nurses.

(b)—*Minor Ailments.*

Included in this group are various external eye, skin, and ear diseases. Such trivial and common ailments of children as small septic sores, cuts, burns, &c., are also included. Of these 1,446 were referred for treatment.

(c)—*Tonsils and Adenoids.*

Of the total number of children examined, whether routine or special, 744, or 5.1 per cent., were referred for treatment, whilst 1,078, or 7.4 per cent., were to be kept under observation.

(d)—*Tuberculosis.*

44 cases of definite Pulmonary Tuberculosis were found—9 in routines and 35 in specials. 38 of these were referred for treatment and 6 to be kept under observation. The same condition was suspected in 155 cases—53 routines and 102 specials. Of these 123 were referred for treatment and 32 to be kept under observation.

32 cases of Tuberculosis affecting glands, bones, skin, &c., were found. 14 were referred for treatment and 18 to be kept under observation.

(e)—*Skin Diseases.*

These diseases were again prevalent during the year. There were 129 cases of Ringworm—84 of the head and 45 of the body, 166 of Scabies, and 348 of Impetigo, as well as 150 cases of other non-tuberculous skin diseases. There was a diminution in the number of cases of Ringworm and Scabies, but an increase in Impetigo.

(f)—*External Eye Diseases.*

The most common of these diseases is Blepharitis, of which there were 225 cases, a slight diminution on last year.

(g)—*Defective Vision.*

1,062 cases were noted—548 for treatment and 514 to be kept under observation. In addition to these there were 259 cases of Squint, in which, of course, in the large majority of cases there is serious defect of vision.

(h)—*Ear Disease and Hearing.*

Eighty-nine cases of Defective Hearing were noted—58 were referred for treatment and 31 to be kept under observation. Of Ear Diseases, 110 were noted—51 routines and 69 specials.

(i)—*Dental Defects.*

The cases noted in Table II are only cases in which there was practically not a sound tooth in the head or in which the mouth was in such a septic condition as to seriously interfere with the child's health and to make immediate treatment necessary. Of those cases there were 393.

A report by the School Dental Officer is given later in this Report.

(j)—*Crippling Defects.*

Under this heading are included Rickets, Spinal Curvature, and other forms of deformity.

177 cases were noted—78 referred for treatment and 99 to be kept under observation.

*VI.—INFECTIOUS DISEASES.*

The method of dealing with Infectious Diseases was fully explained in my last Annual Report. There has been no change in the methods.

*VII.—FOLLOWING UP.*

The methods of following up are explained on pages 13, 14, and 15 of my Annual Report for 1920.

A summary of the work done by Nurses is given below:—

<i>Condition.</i>	<i>No. of Cases.</i>	<i>No. of Visits Paid.</i>
Malnutrition .....	93	213
Uncleanliness .....	555	2,220
Skin Diseases .....	241	724
Eye Conditions .....	736	1,318
Ear Conditions .....	69	179
Nose and Throat .....	465	1,406
Heart and Circulation .....	54	130
Lungs (non-tuberculous) ....	57	123
Lungs (Tuberculous) .....	8	26
Other Tuberculous Diseases	9	21
Nervous Conditions .....	10	14
Deformities .....	63	104
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Total .....	2,360	6,478
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In addition to these 591 visits were paid by District Nurses to 277 cases requiring dental treatment.

### VIII.—MEDICAL TREATMENT.

The methods employed or available for the treatment of defects are as follows:—

School Clinics have been open during the year at Cleator Moor, Cockermouth, Keswick, Maryport, Millom, Penrith, and Wigton. These Clinics appear to have been much appreciated; 1,705 children attended and paid 5,744 visits. Special arrangements are also made for the treatment of—

- (1) Tonsils and Adenoids,
- (2) Eye Diseases,
- (3) Ear, Nose, and Throat Diseases,
- (4) Dental Defects,
- (5) Crippling Defects, and
- (6) Tuberculosis.

Under the various schemes, details of which are given below, 4,305 children have received treatment during the year.

#### (a)—*Minor Ailments.*

The treatment of minor ailments is carried out at the School Clinics by the Nurses under the direction of the Medical Officer, or at the children's own homes if a Clinic is not available. Of the 1,446 minor ailments referred for treatment, 1,346 were dealt with in this way, 45 were treated otherwise—a total of 1,391 minor ailments satisfactorily treated during the year.

#### (b)—*Tonsils and Adenoids.*

The treatment of Tonsils and Adenoids has not been satisfactory. Of the 744 cases referred for treatment, only 142 received operative treatment and 65 some other form of treatment.

Arrangements for the operative treatment of Tonsils and Adenoids have been made with all the Infirmaries and Cottage Hospitals in the County with the exception of that at Cockermouth, but there have been many factors operating which prevented a large number of parents taking advantage of the opportunity; for instance, scarcity of money and unemployment have seriously interfered with this as well as other forms of treatment.

#### (c)—*Tuberculosis.*

38 cases of Pulmonary Tuberculosis were found amongst the children inspected—8 in the routines and 30 in the specials.

At the beginning of the year 19 children were in the Sanatorium, 13 entered and were discharged from the Sanatorium

during the year, and 17 were under treatment in the Sanatorium at the end of the year.

After discharge from the Sanatorium every child is kept under observation at the Dispensary if one is available, or at the child's own home if no Dispensary is within reasonable distance. In addition to these definite cases of Tuberculosis, there were 155 suspected cases (53 in routines and 102 specials), 123 were referred for treatment and 32 to be kept under observation. 23 cases of Non-pulmonary Tuberculosis were also found, but it is very difficult to get any treatment for these, as there is no special provision made for surgical treatment of Tuberculosis in this County.

(d)—*Skin Diseases.*

Of these conditions 875 were referred for treatment, 844 of which received treatment by the Medical Officers or the Nurses either at the Clinics or at their own homes, and 21 received treatment otherwise. Only 10 remained untreated at the end of the year.

(e)—*External Eye Diseases.*

Much the most common and troublesome of these diseases is Blepharitis, which is an eczematous condition of the margins of the eye-lids due, in the great majority of cases, to dirt and neglect, and frequently found associated with dirty, verminous, and sore heads, the septic matter from which is transferred to the eye-lids after scratching the head. 223 of these cases were referred for and received treatment during the year.

(f)—*Vision.*

Of the 582 children found with defective vision, in only a small number (159) were glasses prescribed.

The treatment of eye defects is not yet on a satisfactory basis. In the east of the County cases can be seen by Dr. Ross, the Ophthalmic Surgeon, in Carlisle, but in the middle and west of the County no arrangements have yet been sanctioned by the Board of Education for the employment of practitioners who have had special experience in eye cases to do this work. When such sanction is given most of the eye cases can be dealt with satisfactorily.

During the year Dr. Ross saw and prescribed treatment for 174 elementary school children.

Before making arrangements for Dr. Ross to see any case, enquiry is made into the amount, if any, the parents can afford to pay. A form is sent to each parent enquiring whether they are able to pay (1) railway fare, (2) cost of eye-glasses or other necessary treatment, and (3) the specialist's fee.

Of the 174 cases seen, 19 were unable to pay anything, 33 paid (1) only, 32 paid (1) and (2), 6 paid (1) and part of (2), 1 (2) only, 7 (3) only, 3 paid part of (1) and (3), and 3 paid (1) and (2) and part of (3), and 70 paid everything.

During the year an arrangement was made with the Cumberland Infirmary, Carlisle, to retain one bed in the Eye Ward for cases requiring operative treatment—8 cases were so dealt with.

*(g)—Ear Disease and Hearing.*

135 cases were treated during the year, 26 cases were referred to Dr. Syme for his advice, and 11 were admitted to and operated on in a Nursing Home by Dr. Syme.

*(h)—Dental Defects.*

At the routine inspection only the extreme cases are noted and the parents are advised to obtain treatment. Of the 393 cases so noted, 194 received treatment by private practitioners. A report by the School Dental Officer is given later in this Report. In Table IV (d) will be found the result of nine months' work by the Dental Officer, Mr. Gillieron. It will be observed that of the 2,496 children inspected, 2,056 were referred for treatment and that 1,053 actually received treatment.

Before any dental treatment is undertaken the consent of the parents is always asked for. It is interesting to note that, although 1,145 parents refused treatment for their children, this number was reduced to 481 after the Dental Nurse had paid a visit to the home and pointed out to the parents the advantages of dental treatment.

I would specially draw attention to Mr. Gillieron's remarks on propaganda work on page 37, and would suggest that steps be taken to put his suggestions into operation.

*(i)—Crippling Defects and Orthopædics.*

As was pointed out in my last Report, every conceivable method of ascertaining the amount of, and nature of, crippling defects among children was undertaken, and as a result of these

enquiries at the beginning of the year there were 69, and at the end of the year 177, crippled children on the register.

The chief cause of crippling in Cumberland is Infantile Paralysis. Other important causes are Congenital Defects. Injuries at Birth, Tubercular Bone Disease, and simple Spinal Curvature. Rickets plays a comparatively unimportant part.

The number and percentage in each group of cases are set out in the following Table:—

	<i>On Register, 31st Dec., 1921.</i>		
	<i>Number.</i>	<i>Percentage.</i>	
Infantile Paralysis .....	73	... 41.2	
Congenital Defects and Birth Injuries...	30	... 17.0	
Tubercular Disease of Bone .....	27	... 15.3	
Spinal Curvature .....	16	... 9.0	
Rickets .....	8	... 4.5	
Injuries .....	8	... 4.5	
Osteomyelitis, other than Tubercular ...	6	... 3.4	
Other Diseases .....	9	... 5.1	
<hr/>			<hr/>
Total .....	177	... 100.0	
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Under the heading "Other Diseases" are included cases of Encephalitis of unknown origin, Pseudohypertrophic Muscular Paralysis, severe Flat Foot, and one case of suspected Congenital Syphilis.

In a County of this size with a scattered population, the difficulty of obtaining accurate information about each case has been very great.

The majority were first reported by the Assistant School Medical Officers in the course of their routine examinations at the Schools. Attention was called to a number by the Health Visitors, and these were subsequently examined by the Assistant School Medical Officer of the Area. In some cases the Head Teachers drew the attention of the Medical Officer to children who did not come into the age groups for examination, and special examinations were made.

The Organisers of Physical Training, and particularly Mr. Gray, the chief male Organiser, have brought a number to notice.

A large number not seen at School were discovered by referring to the roll of children not attending School compiled by the

Chief Attendance Officer, and were visited at home by the Assistant Medical Officers.

Attendance Officers in various parts of the County have from time to time reported cases. A number have been reported by residents in the County and by members of the County Council interested in particular cases. Important information was given by several medical practitioners, and a few cases of Tubercular Disease of Bone were notified in the usual way.

In those cases where no medical report was available the Assistant School Medical Officers were asked to examine the children.

Owing to the obscure nature of many of the cases and to the recent advances in orthopædic surgery, it was thought advisable to have a specialist's opinion on those children who appeared to be most in need of treatment. In this way the most suitable cases for hospital treatment could be selected, and the expense of sending children to hospital who could not benefit by surgical treatment would be avoided.

On the 15th and 16th November, Mr. F. P. Noble, F.R.C.S., Surgeon to the Shropshire Orthopædic Hospital, Oswestry, and Miss Hunt, the Hon. Lady Superintendent, most kindly consented to place their services voluntarily at the disposal of the County Medical Officer.

On the first day Clinics were arranged at Carlisle and Penrith, and on the second at Maryport and Whitehaven. As many children as it was possible to examine in the time at his disposal were seen by Mr. Noble (about 80 in all), and notes were made on their present condition and on the treatment required. Those for whom hospital treatment was necessary were grouped according to the urgency of the case, and as far as possible will be dealt with in this order.

Transport was the chief difficulty in arranging these Clinics, and was overcome by making out a time table for each Clinic according to the arrival of trains and buses. Cars were available for children unable to walk from the station, and in a few instances for longer journeys. Owing largely to the efforts of Miss March and her staff of Health Visitors, the arrangements were successfully carried out.

During the year 23 children were admitted to hospital—7 to the Ethel Hedley Hospital, Windermere, and 16 to the Shropshire Orthopædic Hospital, Oswestry. In these two hospitals there were

in all 35 children under treatment during the year, and of these 24 were cases of Infantile Paralysis and 7 Tubercular Disease. On December 31st there were 8 children at Windermere and 11 at Oswestry.

In addition, a small number have been treated at hospitals in this County by arrangements with their medical attendants, particularly at the Cumberland Infirmary, Whitehaven Infirmary, and Maryport Cottage Hospital.

At the Remedial Clinics throughout the County treatment has been carried out in selected cases by massage, stretching of muscles, special exercises, &c., under the direction of the Medical Officer in charge of the Clinic, by the Organisers of Physical Training.

The duration of hospital treatment in most cases is necessarily long. Most of the children have undergone plastic operations, and before discharge have been fitted with any necessary surgical appliances. The results have been most gratifying. All of them, with one exception, have returned to their homes greatly improved. In some cases the improvement is almost miraculous, the children being hardly recognisable, and a large number of letters have been received from parents expressing their gratitude.

Practically all cases discharged from hospital require to have treatment continued at home. At the end of the year 25 children had been discharged from Windermere and Oswestry, and it is now a matter of urgency to have a properly organised system of after-care treatment.

Unless this is done soon much of the benefit derived from treatment in hospital will be lost.

At the present time there is at the Ethel Hedley Hospital, Windermere, an expert in this after-care work—Miss Cornes—who has been specially trained for this work under the personal supervision of Miss Hunt, at the Shropshire Orthopædic Hospital, and she has been sent to Windermere in order that she may undertake the after-care work in the neighbouring counties. Her services are available for Cumberland, as this is one of the three counties which have the privilege of sending cases to the Ethel Hedley Hospital.

The Board of Education has declined to sanction her travelling expenses, and she is, therefore, obliged to remain at Windermere, while the crippled children in Cumberland, who so urgently require her services, must do without.

An appeal was, therefore, made to a number of persons residing in the County who, it was thought, would gladly sub-

scribe to such a cause. In response subscriptions to the amount of about £10 have been received, and this effort to establish the after-care treatment on a basis of voluntary subscription must be regarded as a complete failure.

We have, therefore, as our last hope, to fall back on the parents of the children concerned, many of whom are in very poor circumstances. They are now being asked to raise the necessary money. Should this meet with success the after-care treatment will be organised and a beginning made without further delay.

The amount of work which the ascertainment of, and enquiry into, the conditions of these cripples involved was very great, and I am greatly indebted to the whole staff for the willingness with which they undertook the work, but especially am I indebted to Dr. Mc.Murtrie, who has given much time out of office hours to this work. Without their help so freely given it would have been impossible to have effected anything like the results that have been achieved.

#### *IX.—OPEN-AIR EDUCATION.*

Beyond the fact that some teachers hold classes in the playgrounds in suitable weather nothing is done in this direction.

At the present time Open-air Schools, which, for this County, would have to be residential, are quite out of the question.

#### *X.—PHYSICAL TRAINING.*

The association between the Medical and Physical Training Staffs is intimate so far as remedial work is concerned. School Clinics and Remedial Clinics are held on the same day and in the same buildings in order to secure co-operation.

The Reports of Miss Fraser and Mr. Gray, the Chief Organisers, are appended to this Report.

#### *XI.—PROVISION OF MEALS.*

Owing to the large amount of unemployment and the consequent distress, meals have been provided at the following Centres for the greater part of the year:—

Arlecdon and Frizington .....	2
Cleator Moor .....	2
Egremont .....	1
Millom .....	2
Whitehaven Rural District .....	4

The average number of children supplied weekly was 1,500, and altogether 669,230 meals had been supplied, at an average cost of 2.02d. per meal.

The School Medical Officer has visited the Centres from time to time, and has satisfied himself that the meals are satisfactory both as regards quantity and quality.

### XII.—SCHOOL BATHS.

None have been provided.

### XIII.—CO-OPERATION OF PARENTS.

Although notice is sent to each parent prior to the Medical Inspection, we do not attach a great deal of importance to the presence of the parents at the primary visit. Twenty per cent. of the parents were, however, present at the examination of their children. At the re-examination the presence of parents is most useful and desirable, and every effort is made to secure their attendance. Forty per cent. of parents were present at the re-examinations. Taking all things into consideration, one cannot complain about the attendance of parents at the examinations, but I do think we have, in many cases, just cause of complaint about the way in which many parents neglect to have their children treated when once their attention has been drawn to defects. I am well aware of the difficulties many parents have to overcome, but surely, with all the facilities now provided, it should be possible to secure treatment in most cases. In some cases, *e.g.*, chronic cases where prolonged treatment is necessary, great difficulties have to be overcome, but even in these cases something can always be done. There seems to be a great reluctance in a great many minds to recognise the fact that the commencement of disease may be present without showing any outward and visible signs, whereas Medical Inspection is losing one of its main objects if such conditions are not noted and the attention of parents drawn to them in order that treatment may be undertaken at as early a date as possible. Here, if anywhere, it is true to say that prevention is better than cure, and at the present time it may be permissible to paraphrase the above by saying that prevention is cheaper than cure. This reluctance to secure early treatment and to take preventive measures is all the more remarkable when we know how ready most parents are to "get a bottle of medicine" when a child is obviously ailing. Examples of what I mean are the following:—

An application for sanatorium benefit was received from a young person of about 20. On looking over our records it was

found that 7 or 8 years before, while still at school the attention of the parent was called to the fact that the child's chest was in such a condition that unless great care was taken tuberculosis would later on probably develop. Instructions were given as to what should be done, but the advice given was not followed. What is the result? At the outset of her career this young person has to go to a sanatorium and cure of the developed disease is now very doubtful.

Another example to which Dr. Gibson draws attention in the report of the work in his area, speaking of suspected tuberculosis he says:—

“ With regard to treatment of this condition, the parents in fifteen of the cases were grateful for the advice given and carried out the treatment recommended. In three cases the family doctor was consulted, and six were treated at the Clinic. In only one case did the parents refuse to do anything. I refer to this condition specially because I consider it one of the most important with which we have to deal. This condition, that of weak chest, and perhaps also heart disease, are conditions which, above all others, justify School Medical Inspection, for it is in these that one detects grave pathological conditions which have never even been suspected by the parents and which can be arrested or completely cured by a little attention in the early stage. Indeed, looks are so deceptive at times, parents may even refuse to believe that there is anything the matter, as in this case in which the advice was resented. The boy looked well, but abnormal signs were detected at the apex of one lung. The mother was informed of this and advised to take the boy to the School Clinic or to consult her family doctor. Three months later, as nothing had been heard of him and presumably nothing had been done, the head teacher was asked to send him to the Clinic for further examination. On this occasion the condition was found unchanged and it was learned that he was not having any treatment. The same evening the mother arrived at the Clinic in a great rage because her boy had been again examined. She stated that there was nothing wrong with him and she objected to his having been examined. She was informed that there was something wrong and that the boy would require great care. Nothing was done, and I regret to say the warning was only too well founded, for I learn that the boy at a later date developed meningitis and died suddenly.”

*XIV. and XV.—CO-OPERATION OF TEACHERS AND ATTENDANCE OFFICERS.*

The remarks made in previous reports still hold good. With a few exceptions the help given by both is of the utmost value, and is much appreciated by the Medical Staff.

*XVI.—CO-OPERATION OF VOLUNTARY BODIES.*

The local branches of the National Society for the Prevention of Cruelty to Children have given us most valuable assistance during the year. Inspector Buckland, in the east of the County, has visited 23 families, involving 44 children, which we brought to the notice of the Society during the year.

The cause of reference in all these cases was neglect—either in the sense of allowing the children to be verminous or underfed or in failure to obtain treatment for defects which had been seriously undermining the health of the children. There comes a stage in such cases where the School Medical Service has to call in some outside agency to help, either the law in the shape of prosecution, or some other agency. The National Society affords exactly the right kind of help. The prestige of the Society, the tact of the Inspectors, and the fact that they visit the homes in uniform, combine to so influence neglectful parents that in most cases matters are put right without resource to legal proceedings. The Society, however, does not hesitate to prosecute if other measures fail.

Inspector Buckland has taken children to and from their homes to the Cumberland Infirmary for treatment, has provided clothing and other assistance in cases of poverty, and has helped in many other ways.

In the west Inspector Musgrave has visited 10 families at our request—mostly cases allowed to be filthy and verminous by their parents—and the results of his visits also have been of the utmost advantage to the children concerned.

It is impossible to express too strongly our debt of gratitude to the Society for allowing the Inspectors to assist the School Medical Service in these difficult cases.

*XVII.—BLIND, DEAF, DEFECTIVE, AND EPILEPTIC CHILDREN.*

Particulars of the methods adopted for ascertaining and dealing with these children have been given in previous Reports.

During the year 1921 16 deaf and dumb children and 6 blind children were in institutions at the charge of the Education Authority.

#### XVIII.—NURSERY SCHOOLS.

There are none in the Area.

#### XIX.—SECONDARY SCHOOLS.

The work of Medical Inspection in Secondary Schools has differed in no essential from that done in 1920, a detailed report of which, by Dr. Kenneth Fraser, was published as an Appendix to my last Annual Report. That Report dealt so fully with Inspection of Secondary Schools in general, and dealt so ably with all the points arising out of the Inspection, that it would serve no good purpose to give another Report in detail.

The work was distributed as follows:—

Carlisle High School .....	Dr. KENNETH FRASER.
Carlisle Grammar School .....	
Workington Secondary and Technical School .....	
The Nelson School Wigton .....	Dr. J. M. GIBSON.
Thomlinson's School, Wigton .....	
Samuel King's School, Alston .....	
Penrith Grammar School .....	Dr. A. H. TOWERS.
Brampton Secondary School .....	
Millom Secondary School .....	Dr. D. C. ADAM.
Keswick Secondary School .....	Dr. J. A. STIRLING.
Whitehaven Secondary School.....	Dr. G. B. MURIEL.

A separate Report on the Whitehaven Secondary School is given later in this Report, and it is to be noted that the figures in the accompanying Tables do not include this School.

The good work already achieved in the two years that Inspection in Secondary Schools has been going on is so marked, and obviously so much appreciated, that it would be little short of a calamity if the work had to be stopped or even curtailed on the score of economy. In Table I will be found a general statement of the numbers examined, of the defects found, and of treatment

obtained. The first column of figures relates to cases examined first in 1920 but whose treatment was not completed at the beginning of 1921. The second column relates to new cases seen in 1921. The figures for treatment are remarkable and deserve attention. In all 717 defects were referred from 1920 for treatment or for completion of treatment. Of these 563, or over 78 per cent., have been treated during the year 1921.

The figures for 1921 must also be considered satisfactory—313 treated out of 533, or over 58 per cent.—when we take into consideration the exceptional times through which we are passing, and also the fact that many more defects will have been treated, but the re-visits to some of the Schools took place so late in the year that the information is not yet available.

After experience of the difficulties to be overcome in persuading parents to secure treatment for children in the Elementary Schools, the amount of treatment obtained for children in the Secondary Schools is a most encouraging factor.

In reporting on the Schools visited by him, Dr. Kenneth Fraser says:—

“ The amount of treatment achieved in view of the period through which we have been passing is really astonishing, and is a clear demonstration of the anxiety of the parents to have defects remedied when they are brought to their notice.

“ Why do the same parents—for substantially they are the same—not take the same interest in their younger children while they are in the Elementary Schools?

“ In the Elementary Schools, if one eliminates minor defects such as Scabies, Impetigo, &c., one does not find anything like the same readiness to obtain treatment. I think, beyond doubt, the difference lies in this: the children are older (on the average I daresay four or five years older) and frequently have a definite profession in contemplation. They have come to realise that the question of their physical fitness is no longer a joke and that Medical Inspection offers an opportunity for them to rid themselves of physical handicaps before they embark on their life’s work. This being, as I am satisfied it is, their attitude of mind, the advice of the

Medical Officer, backed by that of the Head Master or Head Mistress, does not fall on stony ground, and with the children impressed with the need of having their defects remedied, the parents are soon converted.

"So successful has this method of appealing to the common sense of these older children proved that written communications to the parents are practically obsolete in the Secondary Schools—the children are their own missionaries."

If this is so, and taking the figures for the whole of the Secondary Schools it would appear to be, then we are encouraged to believe that in a few years, when the children in the Secondary Schools become parents themselves, and having themselves realised all that Medical Inspection can do, the reluctance to obtain early treatment will to a great extent disappear.

*TABLE I.*

General statement of the numbers examined, of the defects found, and of treatment obtained:—

	Referred from 1920.	New Cases, 1921.
Number of children examined .....	637	... 752
Number of re-examinations .....	615	... 323
Children with no defects .....	—	... 240
Number of children with defects referred for treatment .....	572	... 442
Left or absent at the re-visit .....	48	... 38
Children with all defects remedied .....	371	... 208
Children with some defects remedied or treated ...	105	... 54
Promised to obtain treatment .....	19	... 56
Refused .....	4	... 1
Entirely untreated .....	41	... 84
Total number of defects referred for treatment .....	717	... 533
Total number of defects treated or partially treated	563	... 313

TABLE II.

		Untreated.						Treated.														
		Refused.			Accepted.			Rejected for Treatment.			Accepted for Treatment.			Rejected for Treatment.								
		Promised to obtain Treatment.		Refused.		Accepted.		Promised to obtain Treatment.		Accepted.		Refused.		Accepted.		Rejected for Treatment.						
		From New 1920.	From New 1921.	From New 1920.	From New 1921.	From New 1920.	From New 1921.	From New 1920.	From New 1921.	From New 1920.	From New 1921.	From New 1920.	From New 1921.	From New 1920.	From New 1921.							
Defective Teeth	403	376	1	5	...	244	175	...	59	28	...	30	59	...	2	1	...	35	79	...	32	30
Very Defective Teeth	39	23	—	—	—	25	8	...	3	3	...	2	3	...	—	—	—	4	6	...	5	3
Cleanliness	—	2	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malnutrition	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pulmonary Tuberculosis	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Bronchitis and Weak Chest	9	4	...	23	28	...	9	1	...	—	—	—	—	—	—	—	—	—	—	—	—	—
Organic Heart Disease	10	5	...	2	5	...	6	1	...	—	—	—	—	—	—	—	—	—	—	—	—	—
Functional Heart Disease	7	11	...	18	29	...	38	10	...	—	—	—	—	—	—	—	—	—	—	—	—	—
Anæmia	13	3	...	—	—	—	12	1	...	—	—	—	—	—	—	—	—	—	—	—	—	—
Defective Vision	44	46	...	4	26	...	35	29	...	—	—	—	—	—	—	3	1	...	—	—	—	—
External Eye Disease	15	7	...	—	1	...	—	13	5	...	—	—	—	—	—	—	—	—	—	—	—	—
Diarrœa	8	1	...	—	2	...	—	5	1	...	—	—	—	—	—	—	—	—	—	—	—	—
Defective Hearing	11	7	...	2	3	...	9	7	...	—	—	—	—	—	—	—	—	—	—	—	—	—
Tonsils	11	5	...	—	2	15	...	7	2	...	—	—	—	—	—	—	—	—	—	—	—	—
Adenoids	2	4	...	—	3	...	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tonsils and Adenoids	6	1	...	—	1	...	—	2	3	...	—	—	—	—	—	—	—	—	—	—	—	—
Nasal Obstruction	5	1	...	—	1	...	—	3	1	...	—	—	—	—	—	—	—	—	—	—	—	—
Non-Pulmonary Tuberculosis	1	—	—	—	—	—	—	—	56	15	...	—	—	—	—	17	9	...	—	—	—	—
Spinal & Other Deformities	86	28	...	4	9	...	—	—	—	—	—	—	—	—	—	4	3	...	—	—	—	—
Nervous Diseases	—	2	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Impetigo	4	3	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scabies	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—
Other Defects	10	11	...	2	16	...	8	9	...	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals	—	540	...	60	149	...	483	271	...	90	42	...	36	67	...	3	1	...	60	106	...	51

## XX.—CONTINUATION SCHOOLS.

There are no Continuation Schools in the Area.

## XXI.—EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

A separate Report on this work is published by the Special Committee dealing with this.

## XXII.—SPECIAL INQUIRIES.

*Children not at School.*

Towards the end of 1920, as schemes of treatment developed, the question arose as to how far these might be applicable to the children who had never attended school. It was felt that an enquiry was overdue as to the numbers of such children and as to the reasons which prevented these children from attending school.

This enquiry was intended to be on quite different lines from the information asked for by the Principal Medical Officer of the Board in his Report for 1919. The information required by the Board had reference to absences of children *on the register*. This enquiry was intended to obtain information regarding children who had never been to school.

Towards the end of 1920 the Superintendent Attendance Officer was requested to furnish a list of these children. Unfortunately, there was some misunderstanding between the two Departments as to the exact information required, and the list returned included many children who had attended school but had been at the time of the enquiry absent for long periods—in some cases years—on account of such causes as Tuberculosis, Debility, Ringworm, Chorea, &c.

Out of the 240 children on the list, 35, as will be seen from the Table, were dead or were over school age, or had left the district. A further 43, chiefly in outlying Areas, were not seen by the Medical Officers. Of the remaining 162 one-half (83) had returned to school and were, therefore, cases erroneously included as indicated above. The reasons for the non-attendance of the remaining 83 are indicated. These are approximately accurately the cases who have never attended school out of the 162, and if we add the same proportion (one-half) of the 43 not yet seen, and

add also the 5 as a probable outside figure for the groups that have become of school age since the list was compiled, we arrive at the deduction that approximately  $79 + 22 + 5 = 106$  children of school age in the Administrative County have never attended school at all.

This represents .37 per cent. of the Elementary School population of the County. It would be interesting to know how this compares with other Areas. It is obvious that if the same proportion holds good over England and Wales, with an Elementary School population of 5,187,000, there will be nearly 20,000 children who have never been on a school register, manifestly a figure well worth looking into.

It is hoped that the enquiry will be continued in 1922 and accurate figures obtained, and meantime efforts will be made to apply the various treatment schemes to the children concerned, especially those who are Tubercular, Cripples, Blind, or Deaf and Dumb.

Some of the Cripples have already been dealt with and some of the other cases. For example, one blind child has been receiving treatment at a Venereal Diseases Clinic for Interstitial Keratitis and his sight has practically been restored to normal, and he will shortly be attending school for the first time.

Since the Notification of Births Act was adopted by the County Council lists of notified births have been sent to the Superintendent Attendance Officer in order that he may know from year to year what children ought to be on the School Registers.

List of non-attenders .....	240
Dead .....	5
Left school—over age .....	22
Left Area .....	8
Not visited .....	43
	—
	78

Reasons given for non-attendance of the remainder:—

Tuberculosis—Lungs .....	38
,, Other forms .....	9
Other chest conditions .....	8

Epilepsy .....	5
Chorea .....	4
Mental Deficiency .....	20
Heart Disease and Rheumatism .....	13
Delicate .....	13
Cripples .....	12
Eyes .....	7
Deaf and Dumb .....	3
All other conditions .....	30
	—
	162
	— 240

83 of these were found to be fit to and are now attending school.

Reasons for children still not attending:—

Tuberculosis—Lungs .....	20
,,     Other forms .....	4
Epilepsy .....	3
Chorea .....	1
Mental Deficiency .....	17
Heart Disease and Rheumatism .....	3
Cripples .....	6
Eyes .....	4
Deaf and Dumb .....	3
All other conditions .....	18
	—
	79
	—

### XXIII.—PUPIL TEACHER EXAMINATIONS.

Total number of cases dealt with in 1921 .....	137
Of these 48 were old cases referred from 1920.	
89 were new cases during 1921.	
Number passed as fit during 1921 .....	104
Died during 1921 .....	1
Number with defects still unremedied at the end of 1921 .....	32
	—
Total .....	137
	—

## NEW CASES IN 1921—FIRST EXAMINATIONS.

Number of cases .....	89
Number found to be fit on first examination.....	56
Number found to have defects and not passed at first examination:—	
Defective Teeth .....	11
Defective Vision .....	4
Defective Teeth and Vision .....	4
Defective Teeth, Vision, and Lungs .....	1
Defective Teeth, Vision, & Heart condition	1
Defective Teeth and Lungs .....	1
Defective Teeth and Heart condition .....	4
Defective Teeth and Unvaccinated .....	1
Defective Vision and Unvaccinated .....	1
Defective Vision and T.B. (other) .....	1
Unvaccinated .....	1
Lungs .....	1
Deafness and Otorrhœa .....	1
Anæmia and Heart condition .....	1
—	33
—	—
	89
—	—

## NEW CASES IN 1921—RE-EXAMINATIONS.

Number of re-examinations .....	10
Number found to have had defects remedied .....	8
Number found with defects still unremedied:—	
Defective Teeth .....	1
Defective Teeth and Unvaccinated .....	1
—	2
—	—
	10
—	—

## OLD CASES REFERRED FROM 1920.

Number of cases .....	48
Re-examinations made during 1921 on 1920 cases .....	57
Number found fit at re-examinations .....	40

Number found with defects still unremedied:—

Defective Teeth .....	4
Defective Teeth, Heart condition, and Anæmia .....	1
Defective Teeth and Nasal Obstruction ...	1
Deafness and Otorrhœa .....	1
Died during 1921 .....	1
	— 8
	—
	48
	—

#### *XXIV.—PROSECUTIONS.*

Prosecutions were undertaken for non-attendance in four cases which had to be excluded time after time for dirty and verminous conditions. In two cases evidence was given by the Medical Staff and in two by Nurses.

In each case a penalty of 20s. was imposed.

COUNTY OF CUMBERLAND.

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XXV.—STATISTICAL TABLES

For the Year 1921.

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Table I.—Number of Children Inspected.

Table II.—Return of Defects found.

Table III.—Numerical Return of all Exceptional Children.

Table IV.—Treatment of Defects of Children.

Table V.—Summary of Defects of Children.

Table VI.—Summary relating to Children Medically Inspected at the Routine Inspections during the Year 1921.

CUMBERLAND COUNTY COUNCIL.

TABLE I.—NUMBER OF CHILDREN INSPECTED 1ST JANUARY, 1921, TO 31ST DECEMBER, 1921.

A.—ROUTINE MEDICAL INSPECTION.\*

Age.	ENTRANTS.				INTERMEDIATE GROUP.				LEAVERS.				
	3	4	5	6	Other Ages.	Total.	8	12	13	14	Other Ages.	Total.	Grand Total.
Boys	63	369	1109	432	—	1973	1145	968	376	38	73	2600	4573
Girls	52	352	941	438	—	1783	1042	990	341	41	65	2479	4262
Totals	...	115	721	2050	870	—	3756	2187	1958	717	79	138	5079
													8835

B.—SPECIAL INSPECTIONS.

	† Special Cases.	Re-examination (i.e., No. of Children Re-examined.)
Boys	...	2726
Girls	...	2861
<b>Totals</b>	...	5587
		1419

C.—TOTAL NUMBER OF INDIVIDUAL CHILDREN INSPECTED BY THE MEDICAL OFFICER, WHETHER AS ROUTINE OR SPECIAL CASES (No child being counted more than once in one year).

Number of Individual Children Inspected	...	...	14422

\* ROUTINE MEDICAL INSPECTION is medical inspection carried out on the lines of the approved Schedule at the time when Routine Medical Inspection is due, and made on the school premises or other place sanctioned by the Board of Education under the Code.

+ “SPECIAL CASES” are those specifically referred to the Medical Officer and not due for Routine Medical Inspection under the Code at the time when specially referred. Such children may or may not be of Code-group age, and may be referred to the Medical Officer at the School or the Clinic by the Committee, Medical Officers, School Nurses, Teachers, Attendance Officers, parents, or otherwise.

COUNTY OF CUMBERLAND.

TABLE II.—RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL INSPECTION IN 1921.

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.			SPECIALS.	
	(1)	(2)	(3)	No. requiring to be kept under observation, but not referred for treatment	No. requiring to be kept under observation, but not referred for treatment.
				(4)	(5)
Malnutrition ..	..	54	..	5	31
Uncleanliness—					—
Head ..	..	211	..	—	410
Body ..	..	61	..	2	43
Skin ..	{	Ringworm, Head ..	..	17	—
		Do. Body ..	..	2	—
		Scabies ..	..	91	—
		Impetigo ..	..	86	—
		Other Diseases (Non-tubercular) ..	..	28	18
Eye ..	{	Blepharitis ..	..	102	1
		Conjunctivitis ..	..	9	..
		Keratitis ..	..	1	—
		Corneal Ulcer ..	..	1	—
		Corneal Opacities ..	..	2	3
		Defective Vision ..	..	324	224
		Squint ..	..	76	50
		Other Conditions ..	..	7	14
Ear ..	{	Defective Hearing ..	..	26	13
		Otitis Media ..	..	44	2
		Other Ear Diseases ..	..	4	1
Nose & Throat ..	{	Enlarged Tonsils ..	..	183	501
		Adenoids ..	..	27	37
		Enlarged Tonsils and Adenoids ..	..	73	32
		Other Conditions ..	..	4	3
	Enlarged Cervical Glands (Non-tubercular) ..		..	7	170
	Defective Speech ..		—	..	37
*Teeth—Dental Diseases ..	..	188	..	6	205
*See note on Table 5. (3).					
Heart & Circulation ..	{	Heart Disease—			
		Organic ..	..	28	19
		Functional ..	..	11	288
		Anæmia ..	..	64	14
Lungs ..	{	Bronchitis ..	..	30	85
		Other Non-tubercular Diseases ..	..	14	347
Tuberculosis ..	{	Pulmonary, Definite ..	..	8	1
		Do. Suspected ..	..	46	7
		Non-Pulmonary—			
		Glands ..	..	2	2
		Spine ..	..	—	1
		Hip ..	..	1	4
		Other Bones & Joints ..	..	1	2
Nervous System ..	{	Skin ..	..	—	1
		Other Forms ..	..	1	—
		Other Forms ..	..	1	1
Deformities ..	{	Epilepsy ..	..	—	4
		Chorea ..	..	2	1
		Other Conditions ..	..	11	16
Other Defects and Diseases ..	..	54	..	100	115
Number of Individual Children having Defects which required Treatment or to be kept under observation ..					
					6663



## COUNTY OF CUMBERLAND.

TABLE III.—NUMERICAL RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA IN 1921.

			Boys.	Girls.	Total.
Blind (including partially Blind) within the meaning of the Elementary Education, (Blind and Deaf Children Act, 1893)	Attending Public Elementary Schools .. .. .. — .. — .. —				
	Attending Certified Schools for the Blind .. .. .. 2 .. 4 .. 6				
	Not at School .. .. .. 3 .. 1 .. —				
Deaf and Dumb (including partially Deaf, within the meaning of the Elementary Education. (Blind and Deaf Children Act, 1893)	Attending Public Elementary Schools .. .. .. 1 .. 1 .. 2				
	Attending Certified Schools for the Deaf .. .. .. 14 .. 2 .. 16				
	Not at School .. .. .. 1 .. 3 .. 4				
Mentally Deficient	Attending Public Elementary Schools .. .. .. 6 .. 9 .. 15				
	Attending Certified Schools for Mentally Defective Children .. 2 .. 2 .. 4				
	Notified to the Local Control Authority by Local Education Authority during the Year .. 8 .. 5 .. 13				
	Not at School .. .. .. 3 .. 7 .. 10				
Imbeciles	At School .. .. .. — .. 1 .. 1 .. 1				
	Not at School .. .. .. 2 .. 5 .. 7				
Idiots	— .. .. .. 1 .. — .. 1				
Epileptics	Attending Public Elementary Schools .. .. .. 4 .. 4 .. 8				
	Attending Certified Schools for Epileptics .. .. .. — .. — .. —				
	In Institutions other than Certified Schools .. .. .. — .. — .. —				
	Not at School .. .. .. 1 .. 2 .. 3				
Pulmonary Tuberculosis	Attending Public Elementary Schools .. .. .. 15 .. 9 .. 24				
	Attending Certified Schools for Physically Defective Children .. — .. — .. —				
	In Institutions other than Certified Schools .. .. .. 2 .. 4 .. 6				
	Not at School .. .. .. 5 .. 9 .. 14				
Crippling due to Tuberculosis	Attending Public Elementary Schools .. .. .. 11 .. 7 .. 18				
	Attending Certified Schools for Physically Defective Children .. — .. — .. —				
	In Institutions other than Certified Schools .. .. .. 1 .. — .. 1				
	Not at School .. .. .. 2 .. 1 .. 3				
Physically Defective	Crippling due to causes other than Tuberculosis, <i>i.e.</i> , Paralysis, Rickets, Traumatism	Attending Public Elementary Schools .. .. .. — .. — .. —			
	Attending Certified Schools for Physically Defective Children .. — .. — .. —				
	In Institutions other than Certified Schools .. .. .. — .. — .. —				
	Not at School .. .. .. 1 .. 5 .. 6				
Other Physically Defectives, <i>e.g.</i> , delicate and other children suitable for admission to Open-air Schools: Children suffering from severe heart disease	Attending Public Elementary Schools .. .. .. 22 .. 36 .. 58				
	Attending Certified Schools for Physically Defective Children other than Open-air Schools .. .. .. — .. — .. —				
	Not at School .. .. .. 5 .. 11 .. 16				
	Attending Open-air Schools .. — .. 2 .. 2				
Dull or Backward **	Retarded two years .. .. 271 .. 171 .. 442				
	Retarded three years .. .. 71 .. 48 .. 119				

\*\* Judged according to age and standard.



TABLE IV.—TREATMENT OF DEFECTS OF CHILDREN  
DURING 1921.

A—TREATMENT OF MINOR AILMENTS.

Disease or Defect.	Referred for Treatment.	Number of Children.					Total.	
		Treated.			(Education) Scheme.			
		Under Local Authorities	Otherwise.					
<b>Skin:—</b>								
Ringworm—Head	...	104	96	8	...	104		
Do.    Body	...	51	51	—	...	51		
Scabies	...	189	181	5	...	186		
Impetigo	...	409	409	—	...	409		
Minor Injuries	...	47	47	—	...	47		
Other Skin Disease	...	122	107	8	...	115		
Ear Disease	...	148	125	10	...	135		
Eye Disease (External and other)	352	306	14	...	...	320		
Miscellaneous	...	24	24	—	...	24		

B—TREATMENT OF VISUAL DEFECTS.

	Number of Children.				
	Referred for Refraction	Submitted to Refraction:—	Under Local Education Authorities Scheme—Clinic or Hospital	By Private Practitioner or Hospital	Otherwise
Referred for Refraction	...	...	...	...	729
Submitted to Refraction:—					
Under Local Education Authorities Scheme—Clinic or Hospital			103		
By Private Practitioner or Hospital	...	...	...	38	
Otherwise	...	...	...	...	50
Total	...	...	...	...	191
For whom glasses were prescribed	...	...	...	...	159
For whom glasses were provided	...	...	...	...	152
Recommended for treatment other than glasses	...	...	...	...	18
Received other forms of treatment	...	...	...	...	17
For whom no treatment was considered necessary	...	...	...	...	9

C—TREATMENT OF DEFECTS OF NOSE AND THROAT.

	Number of Children.				
	Referred for Treatment	Received Operative Treatment:—	Under Local Education Authorities Scheme—Clinic or Hospital	By Private Practitioner or Hospital	Total
Referred for Treatment	...	...	...	...	744
Received Operative Treatment:—					
Under Local Education Authorities Scheme—Clinic or Hospital			44		
By Private Practitioner or Hospital	...	...	...	98	
Total	...	...	...	...	142
Received other forms of Treatment	...	...	...	...	65

## D—TREATMENT OF DENTAL DEFECTS.

## 1. Number of children dealt with.

## AGE GROUP.

(a)	Inspected by	5	6	7	8	9	10	11	12	13	14	Specials.	Total.
	Dentist ...	499	874	1123		These age groups						—	2496
(b)	Referred for Treatment	301	720	1035		are not under treatment at						—	2056
(c)	Actually treated	213	367	473		present owing						—	1053
(d)	Re-treated (result of periodical examination)	—	—	—		to smallness of staff.						—	—
2.	Particulars of time given and of operations undertaken.												
(1)	Number of half-days devoted to Inspections ...											... ...	36
(2)	Number of half-days devoted to Treatment ...											... ...	284
(3)	Total number of Attendances made by the Children at the Clinics											1154	
	Number of Permanent Teeth:—												
(4)	Extracted ...											... ...	1063
(5)	Filled ...											... ...	181
	Number of Temporary Teeth:—												
(6)	Extracted ...											... ...	3242
(7)	Filled ...											... ...	0
(8)	Total number of Fillings ...											... ...	191
(9)	Number of Administrations of General Anaesthetics included in 4 and 6 ...											... ...	1195
	Number of other Operations:—												
(10)	Permanent Teeth ...											... ...	
(11)	Temporary Teeth ...											... ...	440

TABLE V.—SUMMARY OF TREATMENT OF DEFECTS AS SHOWN IN TABLE IV (A, B, C, D, BUT EXCLUDING E).

Disease or Defect.	Number of Children.					
	Treated.					
	Referred for Treatment.	Under Local Education Authorities Scheme.	Otherwise.	Total.		
Minor Ailments ...	1446	1346	45	1391		
Visual Defects ...	729	109	89	198		
Defects of Nose and Throat	744	83	123	206		
Dental Defects ...	369	16	98	114		
Other Defects ...	685	304	133	437		
Total ...	3973	1858	488	2346		

TABLE VI.—SUMMARY RELATING TO CHILDREN MEDICALLY INSPECTED AT THE ROUTINE INSPECTIONS DURING THE YEAR 1921.

(1)	The total number of children medically inspected at the routine inspections	...	...	...	...	8835
(2)	The number of children in (1) suffering from defects (other than uncleanliness or defective clothing or footgear) who require to be kept under observation (but not referred for treatment)	...	...	...	...	1729
(3)	The number of children in (1) suffering from:—					
	Malnutrition	...	...	...	...	59
	Skin Disease	...	...	...	...	242
	Defective Vision (including Squint)	...	...	...	...	664
	Eye Disease	...	...	...	...	141
	Defective Hearing	...	...	...	...	39
	Ear Disease	...	...	...	...	51
	Nose and Throat Disease	...	...	...	...	860
	Enlarged Cervical Glands (non-tubercular)	...	...	...	...	177
	Defective Speech	...	...	...	...	36
	Dental Disease	...	...	...	...	194 (this number refers only to cases found at routine inspections and treated by private practitioners and not by the school dentist).
	Heart Disease:—					
	Organic	...	...	...	...	48
	Functional	...	...	...	...	319
	Anæmia	...	...	...	...	78
	Lung Disease (non-tubercular)	...	...	...	...	479
	Tuberculosis:—					
	Pulmonary (definite)	...	...	...	...	9
	Do. (suspected)	...	...	...	...	53
	Non-Pulmonary	...	...	...	...	14
	Disease of the Nervous System	...	...	...	...	30
	Deformities	...	...	...	...	99
	Other Defects and Diseases	...	...	...	...	164
(4)	The number of children in (1) who were referred for treatment (excluding uncleanliness, defective clothing, &c.)	...	...	...	...	1475
(5)	The number of children in (4) who received treatment for one or more defects (excluding uncleanliness, defective clothing, &c.)	...	...	...	...	719

I have the honour to be,

Yours obediently,

F. H. MORISON,

Carlisle,

*School Medical Officer.*

March, 1922.

## APPENDIX A.

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*SCHOOL DENTAL OFFICER'S REPORT.*

Mr. Gillieron commenced his duties as School Dental Officer on April 1st, 1921, and reports as follows:—

1. Up to the present only Urban Schools have been included in the programme of work. This course was found to be desirable for two reasons—

- (a) The Urban Schools are, generally speaking, much more in need of radical and systematic treatment than the Rural Schools, as the percentage of decay is much higher in towns than in the country villages, and
- (b) Most of the principle towns have School Clinics where treatment can be carried out without further expense to the department.

The children in the age groups 5—8 are examined for dental defects and defects notified to the parents who are advised to see their own dentist. The charge of encroaching on the province of the private practitioner is therefore avoided, but as very many have never had a family dentist, registered or otherwise, great advantage has been taken of the treatment facilities provided by the Authority.

Fully 1,000 children of this age have had their mouths thoroughly overhauled and made healthy during the nine months of 1921, in which a dental surgeon has been engaged on the work.

Treatment has consisted of—

- (a) *Extractions* under local or general anæsthetics of teeth decayed beyond repair.
- (b) *Fillings* and *cauterisation* by drugs of permanent teeth not too far decayed to be useless, and
- (c) *Regulation* of badly misplaced teeth, which not only are unsightly, but also predispose to decay.

Finally, a few leavers with exceptionally bad mouths and oral sepsis have had complete extractions and dentures provided; these children are thus assisted over the difficult age of puberty by the removal of the handicap of dental poisoning.

2. When duties were commenced it soon became evident that there was far too big a field to open up efficiently with the small staff. Accordingly it was decided by the Sub-Committee to restrict the systematic inspection and treatment to the children between the ages of 5—8 years. Only those children above this age whose parents especially ask for the services of the dental officer receive them.

The averages of the inspections show 19.5% of the children to be free of dental defects. This leaves the large balance of 80.5% of the children showing decayed teeth to a varying extent. Whilst we may congratulate ourselves that this figure is a little below a great many districts, it is still undesirably high, and will continue to get higher unless we wage a vigorous war against it. The percentage of dental defects seems to vary little in the different large urban areas of the county which have been inspected to date.

As regards the attitude of parents to the dental treatment, the majority are grateful and accept the offer at once, but 20% refuse all our overtures and remain apathetic about the state of their children's mouths. It is hoped that time and propaganda by the Medical Officers and private Medical Practitioners will eventually bring them into the fold. Towns vary very greatly as regards the welcome they extend to the Dental Officer. In Penrith 90% of the parents accepted treatment, whilst in Maryport only 68% would allow their children to be treated at the Dental Clinic.

3. The dental conditions found having been enumerated, it becomes necessary to endeavour to assign a cause for these.

There are two chief contributory factors which may be termed the two D's.—diet and dirt.

With regard to diet there is a strong tendency every decade to see an increase in the amount of sugars and soft starchy food eaten, to the detriment of the harder and more fibrous classes of food. Modern civilisation and machinery have unfortunately enormously increased the consumption of sweets, sugared cakes, &c., especially among the young, while flour is now so finely ground that it does not require half the mastication of the old-time bannocks, oat cakes, and whole-meal bread. Therefore the teeth are not now self-cleaned by use, and a film of carbohydrates and organisms collects on the teeth to start decay.

The difficulty might be compensated to some extent if the eating of fruit, especially after heavy meals, was the custom—apples, for example, are excellent for cleansing the teeth and rendering the saliva alkaline.

Many children, especially in West Cumberland, questioned as to their diet, tell us that they have bread and margarine for every meal in the day save for tea, when they have bread and jam. Such a diet is capable of wrecking the strongest set of teeth in a few years, when associated with non-regular habits of cleaning the teeth. Fibrous foods like meat, fish, chicken, hardly enter the dietary of many homes in working-class England, especially under present conditions, and it is the writer's opinion that if more of this type of food were eaten we should have a far more satisfactory state of things as regards the health and teeth.

A convincing proof of this has been brought before me since my appointment last April. There is a Roman Catholic School at Wigton to which is attached an orphanage containing usually 40 children. These children are all under the care of the Rev. Mother and Sisters of the Convent. They attend the School during the day with the other children from the town. So striking was the difference in the oral condition of these orphans from the rest of the School that, by glancing in the mouths of the pupils as they passed before me, I was practically able to say which were orphan and which day scholars. There was no dental defect at all in 50% of their mouths, and in addition to this absence of dental caries the teeth were clean and the mouth hygienic. The remaining 50% of the children required only an average extraction of 1.8 teeth per head, and in the majority of cases these were temporary teeth which had been decaying, but which had ceased and showed marked signs of arrested decay. They were removed to allow the permanent teeth to erupt into their places. Now in every case the children were questioned as to the length of time they had been in the Orphanage.

It soon became evident, as a result of these questions, that most of them had entered the home with their teeth actively decaying but that the healthy regime and diet had had its effect and the decay then "arrested" and turned black. The Rev. Mother was asked to describe the diet—sweets were entirely eliminated and the staple food was of a hard and fibrous nature, viz., meat, crusts of bread which have to be eaten, soups, and occasionally fish and eggs. The diet described was a well-balanced one with no great preponderance of carbohydrate. The care of the mouth was in the hands of one sister who personally saw that they brushed their teeth *twice a week at least*. Possibly some may have been more familiar with the tooth brush than this figure would indicate. The remainder of day-school pupils were found to be very bad dentally, and it seems to me to prove that the diet theory goes a long way to explain dental caries.

The other great factor in the question of the causation of dental decay is dirt. This somewhat strong term is necessary to bring home to people the part cleanliness plays in the care of one's teeth. "Dirt" refers to collections of food and debris in all the dental spaces.

VERY MANY CHILDREN WHOSE FACES AND BODIES ARE SCRUPULOUSLY CLEAN AND HEALTHY AND WHOSE PARENTS WOULD BE HORRIFIED IF THEY WERE TOLD THEIR CHILDREN WERE UNCLEAN, YET SHOW SIGNS OF NEVER HAVING USED A TOOTH BRUSH IN THEIR LIVES. Nevertheless, I make bold to say that a dirty state of the face and body is infinitely less harmful to the system than a mouthful of dirty septic teeth discharging pus and organisms into the stomach and alimentary canal. Every effort is made, both when inspecting the Schools and when treating the children at the Clinics, to get them to clean their teeth. Parents are warned and advised of the

harmful effects of neglecting to do so, but it must be confessed that we gain few converts to the religion of a twice daily cleansing of the teeth and gums.

The statistics appended are for the period April 1st to December 31st, 1921. Statistics may easily be more mis-informing than informing, and as the principle concern is the actual treatment and getting the mouths of as many children as possible into a healthy condition, it is greatly to be regretted that, although reduced to the minimum, clerical work still takes up quite one quarter of the time of the Dental Officer and Nurse, and the number of children treated is correspondingly reduced.

I have dealt briefly with the principle causes which predispose us as a nation to bad teeth. As regards suggesting remedies for these conditions, I feel very strongly that the subject (as far as it affects us) is a social one calling for more propaganda work.

MY OWN VIEW IS THAT THE EDUCATION OF THE PARENT ALONG THE RIGHT LINES WILL DO MORE GOOD THAN AN ARMY OF DENTISTS WHO ARE SIMPLY TREATING THE EFFECT (BY FILLINGS, EXTRACTIONS, &c.) WITHOUT ANY ATTEMPT TO REMOVE THE REAL CAUSE.

Now the whole stumbling block to the advancement of our ideal day when dental caries will be non-existent, is the lassitude and apathy of the average parent. They agree with us that their children's teeth are very bad and that they feel themselves that much harm is being done to the younger generations by allowing them to swallow wholesale micro-organisms of a poisonous nature. Yet it is exceedingly difficult to get them to take the necessary disciplinary steps to see that the children follow out our instructions.

I would recommend as a contribution towards solution of the problem that a lecture should be delivered by the Dental Officer to the School-masters and Mistresses in each town when he opens a Dental Clinic for the first time. This might take the form of an illustrated lecture, setting forth the various dental diseases with their harmful results, their etiology, and the steps which can be taken to prevent their onset. Then, as soon as the children in a School have been treated, a lecture on similar lines might be given to them with as many parents as could be persuaded to attend. In this way one might gain a few converts in each School. The second recommendation is that head teachers should be asked to instruct their junior masters and mistresses to see that the children in their form clean their teeth *at School* during the recreation hour under their supervision. This suggestion is open to scoffing and criticism, but it is carried out at many efficient Boarding Schools, and has saved many a young lad's teeth.

I would like in conclusion to bring to your notice the great help I have had from the Dental Nurse. Our work is at present largely pioneer, and her help in the difficult work of home visiting and in the equally difficult task of handling nervous children at the Clinic has been invaluable; a large part of the credit for results obtained is due to her efficiency.

(Signed) F. E. GILLIERON,  
Dental Officer.

ANNUAL REPORT—APRIL 1ST TO DECEMBER, 31ST, 1921.

No. of Half-days devoted to Inspection .....	36
No. of Half-days devoted to Treatment .....	284
No. of Children Inspected .....	2496
No. of Children Fit .....	440
No. of Parents who originally refused Treatment .....	1145
No. of Parents who refused after Nurse's Visit .....	481
No. of Children treated at Clinics .....	767
No. of Visits these made .....	1154
No. of Temporary Teeth Extracted .....	3242
No. of Permanent Teeth Extracted .....	1063
No. of Local Anæsthetics Administered .....	152
No. of General Anæsthetics Administered—Gas, Ethylchloride, Ether, &c. ....	1195
No. of Fillings .....	191
No. of Dressings .....	42
No. of Scalings and Polishings of Teeth .....	398
No. of Dentures .....	4
No. of Regulation Cases .....	2
No. of Children whose Treatment has been Completed .....	1053

AGE GROUP.

	5	6	7	8	9	10	11	12	13	14	Specials.	Totals.
(a) Inspected by Dentist ...	499	874	1123								..	2496
(b) Referred for Treatment ...	301	720	1035								..	2056
(c) Actually Treated ...	213	367	473								...	1053
(d) Re-treated (re- sult of periodical examination). ...											...	...

These age groups  
are not under  
treatment at  
present owing to  
smallness of staff

## APPENDIX B.

## WHITEHAVEN COUNTY SECONDARY SCHOOL.

REPORT ON MEDICAL INSPECTION FOR THE YEAR ENDING  
DECEMBER, 1921.

During 1921 I examined 93 new pupils.

Of these only 32, *i.e.*, just over 33%, can be reported as absolutely normal. Those needing physical drill and remedial exercises formed the largest number of abnormalities, namely 25, and most of these were cases with a combination either of "round-shoulders" or "spinal curvature" with (1) enlarged tonsils or (2) defective eyesight.

## EYES.

Nineteen of the 93 children have defects in connection with the eyes. Many are wearing spectacles, but even these cases should have their eyes seen to periodically, as, especially in children, the condition may be progressive. I found several cases of defective vision in children who had spectacles but never wore them.

I recommend, especially, that every case I have notified as having defective sight should be asked to consult their doctors as, a large power of accommodation, it is certain that if a defect has been found, some definite error of refraction is undoubtedly present which may probably increase if without treatment.

It is, of course, quite possible, on the same reasoning, that many cases are existent without being discovered by the ordinary "test-type" test.

One case of external eye trouble (marginal blepharitis) was noted.

## TONSILS AND ADENOIDS.

There were only 15 cases of the above notified—a much smaller percentage than on my last report. Quite possibly many of these do not need surgical interference, at present, but it is advisable and necessary that the condition should be noted and cases kept under observation.

## TEETH.

Many children have one or two teeth decayed which dentists would hesitate for many reasons to interfere with. I have only made a note of the cases in which I think a dentist would advise treatment in some shape or form. These total up to ten.

## GOITRES.

This year I have found only five cases of this condition, which is a very decided improvement on my report last year.

## HEART AND LUNGS.

Seven cases of heart and lung trouble come under observation. Five of these are cardiac, but only one is a case of definite cardiac disease. The rest are cases which have a tendency to heart enlargement and overstrain. These cases, of course, are very important, as these children should take part in the school games only under observation. The two lung cases are cases of weakness without definite tubercular lesions—they must be kept under strict observation. Two cases of enlarged glands in the neck were also noted.

## RE-EXAMINATIONS.

I have examined 20 of the goitre cases previously reported on, and 16 others.

Of the 20 goitre cases, so far as I could obtain a history, only 6 had undergone treatment. Of these 6, no less than 5 showed improvement, while the sixth was in about the same condition as when last examined; none had got worse. This sixth case was only a slight case and one which would not be expected to alter much under treatment. It was the only one noted in a boy. The other five were all very marked cases.

Of the fourteen which had received no treatment, six had improved, but they were all cases which were originally only slight, all called for actual treatment. Four were about the same, and four were getting larger.

From the school point of view I could find little or nothing of importance to note. The position in the school showed nothing, nor does the situation of the home, unless it be that 10 of the 20 lived in Whitehaven.

The family history is somewhat interesting, no less than 10 reporting the presence of goitre in some other member of the family, and only 2 definitely reporting no family history. All that this seems to bring out of note is the importance of school inspection and the value of receiving treatment. Unfortunately it would appear that too little notice is taken of the report by the parent.

The 16 other re-examinations call for little more comment. Five needed further physical drill and special remedial treatment. Two had weak chests, which required to be kept under observation and have since been re-examined; four had bad teeth and two need further eye-testing.

In addition to the above I have frequently seen other pupils at the request of the Headmaster on the question of their health or on account of accident or infection, &c.

G. BERTRAM MURIEL,

M.B.B.C., Cantab.

M.R.C.S., Eng., L.R.C.P., Lond.

February, 1922.

## APPENDIX C.

REPORT ON PHYSICAL TRAINING FOR THE YEAR ENDING  
DECEMBER 31ST, 1921, BY MARGARET FRASER,  
CHIEF (WOMAN) ORGANISER.

The difficulty of writing a report on the year's work, when I have only been in Cumberland for the last two months of that period, is reduced by my keen appreciation of the enthusiastic work of my predecessor.

## STAFF.

During 1921 the staff has been considerably below the authorised number. The Chief (Woman) Organiser, after nearly seven years' valuable work in the county, resigned in May, and this vacancy was not filled until October.

Miss Fyfe, Assistant Organiser for the Millom District, left the county in July, and for reasons of economy, no one has been appointed in her place. Miss Wisnom (Bedford Physical Training College) reported for duty in the Secondary Schools in September.

## GENERAL SUMMARY OF THE WORK.

During the year the organisation of work has been carried out much on the same lines as in 1920. Practically all the schools have been visited, and re-visited, and on the whole satisfactory progress has been made. The majority of teachers now realise the true value of physical education, and willingly co-operate in endeavouring to bring this subject up to date.

Physical training is a most important branch of preventive medicine, and when efficiently carried out, has very far-reaching results. Organisers and teachers in the county are to be congratulated on the improvement of the physique of the children, which has been remarked by the Medical Officers during their school re-examinations.

## TEACHERS' CLASSES.

A number of classes have been held in different districts, and great interest has been shown by the teachers, some of whom have cycled many miles in order to attend the courses.

District.	Length of Course.	Number Enrolled.	Standard of Work.
Carlisle ... ...	10 hours	24	Senior and Infant Teachers
Cleator Moor ...	21 ..	34	Senior Teachers
Egremont ...	10 ..	24	Special Infant Teachers' Course
Maryport ... ...	10 ..	38	Special Infant Teachers' Course
Keswick ... ...	10½ ..	23	Senior and Infant Teachers.
Total 143			

In addition a special course for Infant and Junior (up to Standard II) School Teachers has just been started in Cockermouth.

#### ACCOMMODATION.

Unfortunately the majority of schools are still handicapped in bad weather, no accommodation of any sort for physical training being provided. Large sheds are urgently needed if the children are to derive full benefit from the physical training lessons. Physical training carried out in a vitiated atmosphere is worse than useless.

#### PLAYGROUNDS AND PLAYING FIELDS.

Many of the playgrounds are in such a bad state that they cannot be used in wet or even damp weather. This is a deplorable state of affairs, and it would be advantageous if the Committee would decide to have a specified number repaired each year, and if they would instruct the Physical Training Organisers to notify them of the most pressing cases.

Playing fields are essential if organised games are to be properly carried out, and it is gratifying to note that a large number of schools have obtained fields by their own efforts.

#### ORGANISED GAMES.

The real benefits of "organised play" are beginning to be widely realised, and the majority of head teachers now allot a definite period to "games" each week. The true value of the "lesser games" in leading up to, and introducing more scientific play cannot be too clearly understood.

A large number of schools now play net ball, which is becoming increasingly popular.

The majority of country schools are too distant from each other to play matches, but in the more populated districts inter-school net ball matches are frequently arranged, and it is hoped that later we shall be able to organise Net-ball Leagues.

#### EQUIPMENT.

The equipment provided by the Committee has proved a real boon to both teachers and scholars, and has been greatly appreciated. Unfortunately the stock is now depleted, but we hope the Committee will authorise a further purchase.

#### DEMONSTRATIONS.

Miss Wardle, Assistant Organiser for the Cockermouth and Maryport District, reported that great interest was displayed by the Cockermouth teachers and parents on July 16th, when a Sports' Day was held for elementary school children living within a four-mile radius of Cockermouth. During the afternoon a display of physical training and dancing was given by 44 girls from the Cockermouth schools, under Miss Wardle, and Mr. Gray gave a similar demonstration with a number of boys.

A display of physical training and country dancing was also held at the Keswick Secondary School on May 30th, when much enthusiasm was shown by parents, friends, and pupils.

## SECONDARY SCHOOLS.

Alston, Brampton, and Thomlinson Girls' School, Wigton, were without an Instructress until September, when Miss Wisnom began her duties. Millom Secondary School has also been without an Instructress since Miss Fyfe left in the summer, but it is hoped that arrangements will shortly be made for one of the present staff to undertake this work.

## REMEDIAL CLINICS.

Four Clinics were in full swing at the beginning of the year—Keswick, Maryport, Millom, and Penrith, but unfortunately, owing to shortage of staff, Penrith had to be closed in May, and Millom in July. In addition, the Clinic at Cleator Moor was opened on March 7th. A large number of cases have been treated, showing that the facilities offered have been widely appreciated.

TABLE OF ATTENDANCES FOR 1921.

District.	Length of Time Open.	Attendances
Keswick ... ... ...	January to December	506
Maryport ... ... ...	January to December	554
Millom ... ... ...	January to July	250
Penrith ... ... ...	January to May	159
Cleator Moor ... ... ...	March to December	564
		Total 2033

It is intended to open the Clinic at Wigton early in the new year, and there is already a long list of patients waiting for treatment.

A re-organisation of the Physical Training Scheme for the County has been rendered necessary for reasons of economy by the reduction of staff. This is now in progress and will be dealt with in a later report.

## APPENDIX D.

REPORT ON PHYSICAL TRAINING BY W. S. GRAY,  
CHIEF (MAN) ORGANISER.

I beg to submit my report on the Physical Training for the year ending 31st December, 1921.

It is encouraging to be able to report that a great change is taking place in the average teacher's estimate of the physical training lesson. More and more frequently does one meet teachers who obviously enjoy the lesson. Since the physical training lesson, perhaps more than any other, depends on the success of the teacher as a leader, the importance of this enjoyment is very great.

## TIME.

Where possible there should be a daily lesson, and children between the ages of seven and eleven may be given five twenty-minute periods a week. Children over eleven should have four daily lessons of twenty minutes, and one period of forty-five minutes for organised games when suitable facilities exist.

## SYLLABUS.

I would again like to remind the teachers that it is best to abide by the tables laid down in the syllabus, as few teachers have the time between lessons to prepare tables of their own. Originality is always highly appreciated, but the syllabus is the best guide to good work. The new work requires more activity on the part of the teacher than the old style, as to be successful a teacher must enter into the true spirit of physical training.

## TEAM SYSTEM.

When boys over eleven years of age have shown that they can do the ordinary work of the syllabus efficiently, the team system should be introduced. This will create a new interest in the work, develop leadership, and the desire to work together for one end.

## ACCOMMODATION.

Unfortunately many of the playgrounds are in bad condition, and many are much too small. It is to be hoped that these will receive early attention. It is only in a few schools that there is any central or adjacent hall. Covered playgrounds would be a great boon to all concerned. Should an opportunity occur, it would be a step in the right direction to provide light span roofs over a portion of the playgrounds. I am glad to say that in a few cases where we have been able to secure a hall for use during the winter months, full advantage has been taken of it.

## PLAYING FIELDS.

In regard to the securing of playing fields, I beg to thank the Head Teachers who have got fields for their schools for their splendid efforts,

and also the School Management Committee for their kind consideration when asked for grants.

These Head Teachers all agree that the forty-five minutes or hour allotted to games makes the children happier, brighter, and creates a congenial understanding between teacher and pupil. These fields may not be as necessary for country as for city children, but one has only to go to the quiet mining village of Allhallows on a Thursday afternoon (weather permitting) and see the school children at their organised games under the enthusiastic teachers. All look so happy and fresh after their enjoyable games as they march into school from the field. It is a well-known fact that children who have been happy at school make the best citizens.

#### GAMES.

This year the supply of apparatus has been somewhat curtailed owing to the need for economy, but I earnestly hope that the Committee will continue the grant for games materials, which has proved of the greatest value and assistance, and is much appreciated by the children.

Many teachers think that to teach games they must have all the latest and most up-to-date apparatus before a start can be made. One wonders how many of our most famous cricketers began with an expensive bat or proper cricket ball, how many of our leading footballers began their career with a correctly shaped football, and I am inclined to think that most of our leading golfers commenced with perhaps an old "iron" and a "found" ball.

What I would like to say to the teachers is, get the correct apparatus if you can, but don't give up if you cannot—"improvise." If the children make the apparatus it will lend a new interest to the game. If balls are too expensive Bean Bags will serve the purpose for many of the games.

The making of "bases," starting, or finishing points, flags, &c., can be made from old map rollers. Members of football, cricket, or tennis clubs will sometimes be pleased to hand over to the boys any spare or old apparatus.

Inter-school matches should be encouraged, and should, as far as possible, take place on Saturday mornings. These matches are most desirable in order to raise the physical capacity of the children and train the class or school as a whole to play the game.

Giving the school team all attention and neglecting the others is wrong.

Games have a decided educational influence that anyone can appreciate who has observed their effects, specially so for slow, awkward, and shy

children. Children slow to observe, act, hear, and think may be completely changed by the playing of games. There is no doubt that the introduction of a long games period will have a beneficial effect on school attendance.

#### INSPECTION.

On January 27th, two of H.M. Inspectors visited Brampton Boys' Council School and saw the boys doing their usual physical exercises. The lady inspector remarked that the work shown was of a very high standard.

#### DEMONSTRATIONS.

During the year demonstrations have taken place at Brampton Cockermouth, and Longtown. These public demonstrations secure from the parents a friendly interest in their children's physical welfare, and lets them see one of the happy and enjoyable sides of school life, besides making the boys take a pride in their physique.

These demonstrations have a wide-spread effect in letting the teachers and children see what is possible.

#### COUNTY SCHOOLS' FOOTBALL ASSOCIATION.

This Association has just been formed and is absolutely in the hands of the teachers.

A good beginning has been made, and it is hoped that year by year it will grow stronger.

It is the sincere wish of the members that some day every school in the county will take part in the Association Competition, and the hope is expressed that this will form the nucleus of a Schools' Athletic Association of wide scope.

#### SPORTS

School sports were held at Cockermouth on 16th July (confined to schools within a radius of five miles). Competition was keen in every item, and there was a large gathering of parents and friends. The local teachers organised the meeting. During the afternoon a fine demonstration of physical exercises, games, and dancing, was given by boys and girls from Fairfield and All Saints' Schools.

At Kirkbride School there was a most enthusiastic sports day on Thursday, 30th June, practically all the children taking part in one or other of the events. The success of the meeting reflected great credit on the teachers and voluntary assistants.

#### HYGIENE.

One of the first things that will bring home to the boys the necessity for keeping themselves clean is the encouragement from the teachers to

remove superfluous clothing, especially on being asked to roll up their sleeves and undo and fold down the neck of their shirts when taking their physical training lesson, and once children take an interest in their personal hygiene attention will be easily drawn to their surroundings, and they will also have a strong desire to secure a maximum of fresh air wherever they are.

#### SECONDARY SCHOOLS.

Generally speaking the Secondary Schools have gymnasia and playing fields, besides the children are nearly in all cases clothed to suit the work.

#### CARLISLE GRAMMAR SCHOOL.

The new type of work has been introduced at this school and very sensible periods are given.

Juniors	...	...	3 periods per week.
Middle School	...	2	,, ,
Seniors	...	1	,, ,

There is a good gymnasium, but the provision of more up-to-date apparatus would make the work much more interesting.

#### BRAMPTON COUNTY SECONDARY SCHOOL.

The boys at this school receive one period of 45 minutes per week. Unfortunately, owing to the present so-called gymnasium being much too small, it is difficult to carry on the work successfully.

#### WIGTON NELSON SCHOOL.

The two Assistant Masters are still giving the physical training careful attention, and the work is progressing so satisfactorily that a public demonstration is anticipated next Easter.

#### ALSTON SAMUEL KING'S AND MILLOM SECONDARY SCHOOLS.

During the year the physical training at these schools has been less regular than in former years owing to resignation of responsible teachers, but the former has been provided for since September and the latter will receive attention in the near future. There is an excellent gymnasium at Alston, and at Millom the recently erected hut is very suitable.

#### WORKINGTON COUNTY SECONDARY SCHOOL.

The gymnasium is well away from the school, therefore real good lively lessons can be introduced without disturbing other classes. It is well ventilated, and suitable apparatus is provided. The boys at this school receive one period of 45 minutes per week, and the work is progressing very favourably.

#### WHITEHAVEN COUNTY SECONDARY SCHOOL.

The central hall is used as a gymnasium, and being surrounded with class-rooms the classes in physical training must be conducted in a very

quiet way, which does not allow the introduction of that "dash and go" in the work which boys are generally so fond of.

A gymnasium at least 20 yards away from the school is badly wanted here. One period of 45 minutes per week is the time allotted for the boys at this school.

#### KESWICK HIGH SCHOOL.

Although possessing a good-sized gymnasium, the Headmaster finds great difficulty in securing an assistant to take over the physical training, but where there's a will there's a way, and the Headmaster himself takes the boys for one period per week.

#### PENRITH GRAMMAR SCHOOL.

A member of the staff at this school is responsible for the instruction of the boys in physical training. This takes place in the beautifully-equipped gymnasium, where the boys receive one period of 45 minutes per week. It is a pity that more time is not allowed as the facilities are excellent.

At all the Secondary Schools the games side of the boys school life is given full consideration, and it would be highly advantageous to have inter-school competitions throughout the year.

#### EVENING CONTINUATION CLASSES.

##### PENRITH.

This class is held in Penrith Grammar School Gymnasium. Number on roll, 30; age of student varies from 14½ to 20. This class provides an excellent opportunity for the youths of Penrith to get a sensible and well-thought-out course in physical exercises, besides providing the means for having an evening's healthy recreation.

I found a most enthusiastic and well-taught class, and it would be worth while, were it possible, to have it twice per week. In this way a junior and senior division could be catered for.

##### MILLOM, HAVERIGG.

I visited this class on December 12th. It is held on Monday evenings in Haverigg Boys' Council School. Number on roll, 28; age of student varies from 15 to 21. Although held in an ordinary class-room with the desks cleared away and no apparatus, the Instructor, by concentration and enthusiasm, kept the class interested and keen for the whole hour. This is a very good way of bringing the lads of the village together under very healthy conditions.

My hope is that by next winter session at every Evening School Centre, a class in physical training will be arranged for. We have teachers

who could do this work well, but perhaps modesty prevents their coming forward. I would be very pleased to take a class for the opening night to give any of these teachers an idea of the type of work suitable for adult classes.

#### TEACHERS' CLASSES.

During the year classes for men were held at Carlisle, Cockermouth, and Penrith.

	No. in Attendance.				
Carlisle ... ... ... ... ...	20				
Cockermouth ... ... ... ... ...	18				
Penrith ... ... ... ... ...	15				
	—				
	53				
	—				

Of the 53 students, 31 were headmasters. Keenness was general, and all the students entered into the proper spirit of the work. Some who could not take part in all the practical work nevertheless took a great interest in the theoretical and teaching side of the lessons. With the exception of Penrith, I was fortunately in a position to have a class of boys for demonstrating and teaching practice.

Out of about 230 men teachers in the county 86 have attended these classes, and as I suggested before, the only way to bring the others in would be to provide a short holiday course for them. This would be held in the county, in this way spending the money in our own area.

#### CO-OPERATION WITH VOLUNTARY ASSOCIATION.

I think were it brought to the notice of adult Recreation Clubs that the school children of to-day are the coming members of such clubs, more voluntary support would be secured in the way of giving the use of cricket fields, football fields, tennis courts, &c.

As a county official, I regret that I cannot do much, because these clubs or associations are all more or less local, and such suggestions are best received from some local person.

#### SUMMARY OF RECOMMENDATIONS.

1. Cover most sheltered part of playgrounds and improve same.
2. Provision of a class in physical exercises at each Evening School Centre.
3. Co-operation with adult Recreation Clubs in securing the use of playing fields, &c.
4. Gymnasium, provision of, at Brampton and Whitehaven Secondary Schools.

5. Encourage demonstrations.
6. Continuance of apparatus for school games.
7. Inter-school matches.
8. Short holiday course for men teachers.

I beg to thank the Committee for their kind consideration during the year, and the teachers for their hearty co-operation.

I have the honour to be,

Your obedient Servant,

(Signed) W. S. GRAY,

Chief Man Organiser of  
Physical Training.